	CHEDULE B (FEC Form 3X)	Use sepa	Use separate schedule(s)			FOR LINE NUMBER: (check only one)					PAGE 41 / 44					
П	EMIZED DISBURSEMENTS		category of the Summary Page			21b 27	22 28		_	23 28b		24 28c		25 29	26	
	ny Information copied from such Reports and Staten for commercial purposes, other than using the nam														5	
	NAME OF COMMITTEE (In Full)  AMERICAN ACADEMY OF NURSE PRAC											1 34011				
<b>4.</b>	Full Name (Last, First, Middle Initial) MIKE THOMPSON					Transaction ID: SB23.4418 Date of Disbursement										
	Mailing Address PO BOX 10541						1	0 <sup>M</sup>		D	2 8	2 /	Ž	010	) Y	
	City NAPA	State CA	Zip Code 94581				Am	oun	t of	Each	n D	isburs			-	
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3.	Full Name (Last, First, Middle Initial) TODD TIAHRT									sburs	em		.432	28		
	Mailing Address PO BOX 66680						1	0 <sup>M</sup>		D 2	2 8	3 /	Y 2	010	) Y	
	City WASHINGTON	State DC	Zip Code 20055				Am	oun	t of	Each	n D	isburs	emer	t this	Period	
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_ 	State: District:  Full Name (Last, First, Middle Initial)  DINA TITUS									on ID sburs		SB23	.442	26		
	Mailing Address PO BOX 50614						1	0 <sup>M</sup>	/	D <sub>2</sub>	2 8	) /	Ý Ž	010	) Y	
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L	SUBTOTAL of Disbursements This Page (optional)			<u></u>		<u> </u>							3	00.00	)	
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